STATE OF CONNECTICUT
State Innovation Model
Practice Transformation Task Force

Meeting Summary
September 1, 2015

Meeting Location: Connecticut State Medical Society, 127 Washington Avenue, East Building, 3rd Floor, North Haven

Members Present: Susan Adams; Lesley Bennett; Aileen Broderick (for Bernadette Kelleher) via conference line; Grace Damio; Heather Gates; Dr. Shirley Girouard via conference line; Beth Greig via conference line; Abigail Kelly; Anne Klee; Alta Lash; Kate McEvoy via conference line; Rebecca Mizrachi; Dr. Douglas Olson; Nydia Rios-Benitez; Rowena Rosenblum-Bergmans via conference line; Dr. Elsa Stone; Jesse White-Frese

Members Absent: Mary Boudreau; Leigh Dubnicka; David Finn; Dr. M. Alex Geertsma; Dr. John Harper; Dr. Edmund Kim; H. Andrew Selinger; Dr. Eileen Smith; Dr. Randy Trowbridge; Joseph Wankerl

Other Participants: Supriyo Chatterjee; Faina Dookh via conference line; Kathy Henchey; Dr. Mark Schaefer; Katie Sklarsky; Victoria Veltri via conference line

The meeting was called to order at 6:08 pm.

Introductions
Lesley Bennett served as meeting chair. Members and participants introduced themselves.

Public Comment
There was no public comment.

Minutes of August 26th Meeting
Motion: to accept the minutes of the August 26th Practice Transformation Taskforce meeting-* Jesse White-Frese; *seconded by Rebecca Mizrachi.
Discussion: There was no discussion.
Vote: All in favor.

Purpose of Today's Meeting
Lesley Bennett reviewed the purpose of the meeting (see presentation here). She said they will finalize the guidelines for community linkages and the guidelines for monitoring and reporting. There will be a discussion on select behavioral health integration guidelines.

Dr. Schaefer said the calendar for the next two months impacts how they approach tonight's meeting. He asked whether they could move the strategy for Practice Transformation Taskforce (PTTF) Community and Clinical Integration Program (CCIP) report to the beginning of the meeting. Dr. Girouard asked whether they were going to complete the work that they started at the last meeting. Ms. Sklarsky said they will review the PTTF timeline. She said they wanted to start on the behavioral health integration guidelines and incorporate some of the comments from the last

meeting. She noted there will be another meeting and round for commentary and they are hoping it will provide sufficient time for review, feedback, and discussion.

Strategy for PTTF CCIP Report Completion
Dr. Schaefer gave an overview of the PTTF CCIP Healthcare Innovation Steering Committee (HISC) calendar. He noted that October 8, 2015 is the target date for completing the CCIP guidelines and standards. Dr. Schaefer suggested changing the target date to October 1st. He said they will need to figure out the best strategy to get to the best standards by that date. Based on HISC, there may need to be additional adjustments that will need to be made before deliberating the final CCIP guidelines.

Dr. Schaefer said they are proposing to have a PTTF meeting on September 22nd. Dr. Stone noted that Yom Kippur is on September 22nd. Ms. Bennett asked whether there would be a PTTF meeting in October. Dr. Schaefer said after they deliver the CCIP guidelines there maybe some additional work such as a plan for financial support for the CCIP initiative. Members discussed changing the date of the next PTTF meeting due to Yom Kippur and agreed to September 24th. Ms. Sklarsky mentioned that the deadline for feedback on the CCIP reports can be extended a little. Dr. Schaefer said they are pressing everyone to put their best thinking forward, like they have been for this final push and then they can probably have a more relaxed cadence for meetings after this.

Program Design: Community Linkages
Ms. Sklarsky gave an overview of the community linkages and feedback from Design Group 2. Members reviewed and discussed the community linkages and shared resources. Ms. Sklarsky asked who should be the convener to develop the governance over shared resources. It was noted that with a shared resource there shouldn't be a unique relationship with organizations. Ms. Rosenblum-Bergmans asked how the health departments and Department of Public Health (DPH) interacts with this. Ms. Sklarsky said it is part of the guidelines to be decided on. If DPH in the region, is a key member then it would be specified in the standards or guidelines to be part of the vendor's task to bring people together to develop the governance.

The group discussed the possibility of CT 211 to be the convener. It was mentioned that CT 211 is a wonderful resource, they have great representation, and they do a lot of analytics. Dr. Schaefer asked whether there's an agreement that the coordination process shouldn't be something that every Federally Qualified Health Center (FQHC) and Advanced Network (AN) solves independently. Ms. Klee said that most agencies have their own protocols and standards. She mentioned she doesn't think the group can impose things on each different type of agency. She said inviting them to the table can help community partnerships.

Ms. Gates said it is hard to change individual agency practice sometimes driven by the state funding agency requirements. It is essential to have a standard way to organize the relationships. She said she doesn't think CT 211 is the entity to do it. It takes a skilled individual or entity to navigate the relationships and pull people together around a common mission in order to get the work done. Dr. Schaefer mentioned that the transformation vendor and the one providing technical assistance around some of the other guidelines may be able to harmonize some of the processes.

Ms. Lash asked whether DSS is going to do the picking for non-Medicaid and Medicaid clients. Dr. Schaefer said DSS is doing a procurement to select participants in a Medicaid shared savings program. They are also picking participants for CCIP and the program would be applicable to all populations. He said the PMO would administer the CCIP and contracts with the ongoing guidance of the taskforce. Dr. Schaefer mentioned the transformation assistance will be from twelve to eighteen months. The cost associated with meeting the standards and the degree to which grant

funds will be needed will depend on what the standards look like. He said later on in the process they will need to look at the question of funding.

Ms. McEvoy said it is important to be very clear in describing the procurement of the Medicaid program with the CCIP requirements. The CCIP requirements will be administered by SIM PMO. She noted DSS will not secure the transformation vendor for CCIP. She said it is separate from the offices of DSS. Ms. White–Frese said the purpose is to try to access existing community linkages that may be somewhat integrated already. She said there are natural partnerships that develop over the years and the purpose is to consolidate through CCIP the necessary community resources that will optimize integration with the FQHCs and ANs'.

Ms. Mizrachi asked have there been any feedback from community resources about being underutilized or in general underserved. Ms. Sklarsky said she spoke with CT211, a large bearer of social services, and they feel like people aren't aware of all the resources. They sit in a place where they receive calls and track analytics on who needs what and where. It was noted that there is a disconnection and people aren't aware of all the resources. Members discussed resources and funding sustainability in the longer term. Dr. Schaefer mentioned it will fold into the transformation vendor's strategy and there is support for funding for a transformation vendor. Dr. Schaefer said there is validation for the need for a conversation that's community wide about the areas where the standardization of protocols makes sense.

Program Design: Monitoring & Reporting

Ms. Sklarsky reviewed the objectives for monitoring and reporting. Dr. Olson asked when talking about utilization, does it cover cost. Ms. Sklarsky said the utilization metrics that are being looked at are more around readmissions and indirect cost. Dr. Olson said the triple aim is transforming to a quadruple aim so not only for patient satisfaction but on some level for provider satisfaction as well. He suggested for it to be a secondary indicator as opposed to it being a primary indicator for the sustainability in the long term. Dr. Schaefer agreed and said for the Advance Medical Home pilot they developed instruments for pre and post primary care team satisfaction. He said they could devise a similar approach to be mindful of primary care communities and others as well.

Program Design: Behavioral Health Integration Guidelines

Ms. Sklarsky gave an overview of the Behavioral Health integration guidelines. Members reviewed and discussed proposed Behavioral Health integration guidelines. The group talked about all of the networks being required to have a master's degree in Behavioral Health on staff. It was mentioned that the person treating or referring within a practice should have a master's degree or a license. The initial screening may not be done by a behavioral healthcare specialist. Members offered suggestions and come changes to some of the language on the various guidelines.

Ms. Rios-Benitez noted there is a distinction between initial screening and assessment. She said the initial screening is not a diagnostic tool. She suggested removing the term diagnosis from the first paragraph. Ms. Gates suggested changing the next sentence of trained behavioral health specialist on staff to trained behavioral health specialist on site. Ms. Mizrachi suggested changing the term of primary care physician to provider. The group continued to review and discuss the guidelines.

Ms. Sklarsky said in areas where there were comments, they will make the edits and recirculate. She noted the guidelines and standards will be distributed for review and feedback.
Ms. White-Frese asked when the feedback on the Oral Health guidelines would be needed. Ms. Sklarsky said by the end of the day on Wednesday.

Strategy for PTTF CCIP Report Completion
This was discussed at the beginning of the meeting.

Next Steps
Motion: to adjourn the meeting – Grace Damio; seconded by Rebecca Mizrachi.
Discussion: There was no discussion.
Vote: all in favor

The meeting adjourned at 7:26 p.m.